

UTILITY SERVICE RESIDENTIAL APPLICATION

	DATE	CSRNACONFM#	
	ACCT #	SERVICE ADDRESS	_
		TRF/FWD/MAIL	
			_
	APPLICANT	CO-APPLICANT □ E-BILL □ PAPER	R BILL
E-MAIL AI		☐ WLC PKTDATE SENT:	EMAILED
	DL#	DL#	
	SS#	SS#	
	DOB	DOB	
	P O E	P O E	
	HOME #	HOME #	
	WORK #	INFORMATION CONFIDENTIAL	.? □ YES □ NO
	X	Y	
	SIGNATURE	XCO-APPLICANT	
	************	*******OFFICE USE******************	*****
	OCCUPANT CHANGE PREV OCC VFR OFF	CONNECT CLOSE LEAK CK/REA FAUCETS OFF VFR RMVD	AD 🗆
	CONNECT DATE	DISC DATE RE-READ DATE	
	WO #	WO # WO #	
	DEPOSIT AMOUNT	_ SERVICE FEE GARBAGE DAYS \(\text{ MOI} \)	
	SAME DAY SERVICE FEE (\$75.00)		
	DEPOSIT BILLED	FRDLY RK ON (VFR) DEPOSIT NOT BILLED (EXCELLENT CREDIT) GARBAGE BILLED SERVICE ON	ED 🗆
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	DEBIT APPLICATION AND	O WELCOME INFORMATION DATE MAILED	